## UNITED STATES DISTRICT COURT

## DISTRICT OF OREGON

O.M., by/throug	nh guardian K.C. Moultrie	Case No.: 3:21-cv-00	0683-IM	683-IM	
	Plaintiff(s),	Cuse 110			
v.		MOTION FOR LEA PRO HAC VICE	VE TO APPEAR		
National Wome	n's Soccer League, LLC				
	Defendant(s).				
Attorn	ey Mickey L. Stevens	requests specia	ıl admission <i>p</i>	pro hac	
vice to the Bar	of the United States District Co	ourt for the District of Orego	on in the above	re-	
captioned case	e for the purposes of representing	g the following party (or par	rties):		
Plaintiff O.M., b	by and through her parent and guar	dian, K.C. Moultrie			
In supp	port of this application, I certify	that: 1) I am an active mem	nber in good s	standing	
with the MN	State Bar; and 2) that	t I have read and am familia	ar with the Fe	deral	
	ence, the Federal Rules of Civil a				
	s Court's Statement of Profession				
,	rstand that my admission to the I		trict Court fo	r the	
	egon is solely for the purpose of				
		inigating in the above matte	ti aliu wili be		
terminated upo	on the conclusion of the matter.				
(1)	PERSONAL DATA:				
	Name: Stevens	Mickey	L.		
	(Last Name)	(First Name)	(MI)	(Suffix)	
	Agency/firm affiliation: Gusta				
	Mailing address: 120 South S	ixth Street, Suite 2600			
	City: Minneapolis	State: MN	Zip:	55402	
	Phone number: (612) 333-8844		·: (612) 339-6	3622	
	Business e-mail address: mste	vens@gustafsongluek.com			

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(2	)	BAR ADMISSION INFORMATION:						
		(a) State bar admission(s), date(s) of admission, and bar number(s):  Minnesota Bar No. 0398549, admitted 10/28/2016						
	1.0	(b)	Other federal court admission(s) and date(s) of admission: USDC Minnesota admitted 12/05/18					
(3	j) (	CERTIFICATION OF DISCIPLINARY ACTIONS:						
		I am not now, nor have I ever been, subject to any disciplinary action by any state or federal bar association or subject to judicial sanctions.						
		I am now or have been subject to disciplinary action by a state or federal bar association or subject to judicial sanctions. (Attach letter of explanation.)						
(4	1 1 1	CERTIFICATION OF PROFESSIONAL LIABILITY INSURANCE: Pursuant to LR 83-3, I have professional liability insurance, or financial responsibility equivalent to liability insurance, that meets the insurance requirements of the Oregon State Bar for attorneys practicing in this District, and that will apply and remain in force for the duration of the case, including any appeal proceedings.						
(5		I acknov manager applicat	CM/ECF REGISTRATION: acknowledge that I will become a registered user of the Court's case nanagement and electronic case filing system (CM/ECF) upon approval of this pplication, and I consent to electronic service pursuant to Fed. R. Civ. P. (b)(2)(E) and the Local Rules of the District of Oregon.					
			ey Seeking <i>Pro Hac Vice</i> Admission: I have read and understand the , and I certify that the above information is true and correct.					
DA	TED:	05/10/20	021					
			/s/ Mickey L. Stevens (Signature)					

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## REQUIREMENT TO ASSOCIATE WITH LOCAL COUNSEL:

LR 83-3(a)(1) requires applicants for *pro hac vice* admission to associate with local counsel, unless requesting a waiver of the requirement under LR 45-1.

To request a w following box:	aiver of the requirement	to associate with loca	al counsel under	LR 45-1, check the			
I seek admission for the limited purpose of filing a motion related to a subpoena that this Court did not issue. Pursuant to LR 45-1(b), I request a waiver of the LR 83-3(a)(1) requirement to associate with local counsel and therefore do not include a certification from local counsel with this application.							
To associate with local counsel, provide the following information about local counsel, and obtain the signature of local counsel.							
Name:	Sasaki	Joshua		M.			
	(Last Name)	(First Name)	(1)	MI) (Suffix)			
OSB number:	964182						
Agency/firm affiliation: Miller Nash Graham & Dunn LLP							
Mailing address: 111 SW 5th Avenue, Suite 3400							
City: Portland		State: OR	Zip:	97204			
Phone number:	(503) 205-2410	Fax number: (	503) 224-0155				
Business e-mai	il address: josh.sasaki@m	nillernash.com					
CERTIFICAT	TION OF ASSOCIATE	LOCAL COUNSE	L:				
I certify that I am a member in good standing of the bar of this Court, that I have read and understand the requirements of LR 83-3, and that I will serve as designated local counsel in case number 3:21-cv-00683-IM							
DATED: 05/07	7/2021	(Signature of Lo	) MM(	,			
		, ,	/				

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